

Preventive Health Care Recommendations for Adults

Guideline: Each person should have periodic health examinations that include specific preventive health interventions and practices.

The following Guideline is intended to help physicians, nurses, and others involved in clinical decision-making by describing the recommended course of action for preventive health care for adults served by SCDDSN. As much as possible, the recommendations reflect the strength of evidence and magnitude of net benefit (benefits minus harms) as reported by the U.S. Preventive Services Task Force, the National Cancer Institute, and other nationally recognized health organizations. Decisions about screening for each person should be based on clinical history, assessment, and other factors unique to the individual. When, because of behavioral or physical conditions, it would be necessary to use conscious sedation or general anesthesia to complete screening procedures, the screening may be deferred at the discretion of the physician after a risk/benefit analysis has been completed.

DEFINITIONS:

Primary care prescribers: Physicians, nurse practitioners, and physician's assistants who provide primary care services and are authorized to prescribe medications and treatment for people on their assigned caseloads.

Medical progress notes: The section of the individual's record where primary care prescribers document their findings and provide rationale for treatment plans.

Nursing staff: Registered nurses and licensed practical nurses.

BACKGROUND/RATIONALE:

1. The following Guideline does not imply that all individuals have similar health needs or that the clinical judgment of medical and nursing staff should not be used in determining the health care plan. The purpose of outlining preventive health interventions is to ensure that every adult with mental retardation receives appropriate and individualized health care.
2. The following guidelines have been adapted from the current recommendations of the U.S. Preventative Services Task Force, the National Cancer Institute, and other health organizations that have developed recommendations for the general population. Some of these recommendations have been modified to address areas of greater concern for people with mental retardation.
3. Prompt and thorough follow-up should be completed and documented when signs and/or symptoms of illness or disease are detected.
 - a. The medical plan of care should be documented in the medical progress notes.
 - b. Nursing strategies, interventions, and follow-up should be documented in the nursing notes.
4. More complete information is available about specific screening strategies and risk factors in the following guidelines: Cancer Screening, Diabetes Screening, Coronary Heart Disease and Stroke Screening, Musculoskeletal Health.

RECOMMENDATIONS:

Annual Physical Examination:

- Obtain initial &/or update history
- Complete age appropriate physical examination including vital signs and height/weight measurements
- Conduct preventive screenings
- Update immunizations
- Update Major Problem List

Breast Cancer:

- Annual clinical examination as part of annual physical examination
- Quarterly breast examination by trained nurse or primary care prescriber
- 40 + Mammograms – every 1-2- years, at discretion of primary care prescriber

Cervical Cancer (Pap test): (For women who are or have been sexually active)

- 21-64 years – At least every three years
- 65+ - May be omitted after age 65 if previous consecutive screenings have been negative
- For women who became sexually active at an early age, the three year cycle should begin within 3 years of onset of sexual activity.

Cholesterol:

- 19-64: Every five years or at discretion of primary care prescriber
- 65+: At discretion of primary care prescriber

Colorectal Cancer:

- 19-49 years: No routine screening except for those at high risk (See Cancer Screening Guideline)
- 50+: Annual Fecal Occult Blood Test (FOBT). A sigmoidoscopy every 5 years or a colonoscopy every 10 years at the discretion of the primary care prescriber.

Depression:

- 19-65+: Screen annually for sleep, appetite disturbance, weight loss/gain, general agitation.

Diabetes (type 2):

- 19-65+: At least every 5 years until age 45 and every 3 years after age 45 for individuals at high risk using fasting plasma glucose (FPG) test.
- Risk factors include: family history of coronary heart disease (CHD), hypertension, diabetes mellitus, peripheral atherosclerosis or carotid artery disease, and current cigarette smoking.

Eyes – See Ocular Health

Ears – See Hearing

Hearing:

- *Hearing assessment:*
 - 19-65+: Screen annually as part of physical examination.
 - Re-evaluate if hearing problem is reported or a change in behavior is noted.
- *Comprehensive audiological examination:*
 - 19-65+: Audiological examination by audiologist recommended.
 - Follow-up exams based on recommendations of audiologist.

Hepatitis B and Hepatitis C:

- Baseline testing on all new admissions.
- 19-65+: Periodic testing if risk factors are present (i.e., sexually active, history of blood transfusions, history of biting other people).

Human Immunodeficiency Virus (HIV):

- 19-65+: Periodic testing if at risk and testing of all pregnant women.

Hypertension:

- 19-65+: At least annually

Immunizations - Follow annual updates from CDC

Liver Function:

- 19-65+: Annually for Hepatitis B carriers.
- Frequency may be modified at the discretion of the primary care prescriber after consideration of risk factors including use of long term prescription medications.

Ocular Health:

- *Ocular Screening:*
 - 19-65+: Screen annually as part of physical examination.
 - Reevaluate if vision problems are reported or a change in behavior is noted.
- *Comprehensive medical eye examination* including testing for glaucoma
 - 19-29: At least once
 - 30-39: At least twice
 - 40-64: Every 2-4 years
 - 65+: Every 1-2 years
 - Follow-up exams based on recommendations of ophthalmologist

Osteoporosis:

- 19-64: Bone density screening when risk factors are present (non-weight bearing status, long-term polypharmacy, mobility impairments, hypothyroid, post-menopausal women).
- Periodic screening of others at the discretion of primary care prescriber.
- Other preventive measures include dietary calcium, and Vitamin D intake, weight-bearing exercise, and smoking cessation.
- Environmental measures include fall prevention strategies.

Prostate Cancer:

- 50+: Annual Digital Rectal Exam (DRE) and Prostate Specific Antigen (PSA) annually. Perform PSA only if life expectancy is 10 years or greater.
- For high risk (African-Americans and those with strong family history): Begin screenings earlier.

Skin Cancer:

- Annual skin examinations of the entire body with more frequent exams for people at high risk for malignant melanomas. Frequency at discretion of the primary care provider.

Testicular Cancer:

- Annually as part of annual physical exam until age 40.
- Additional examinations on quarterly basis or with other scheduled health exams until age 40.

Tuberculosis:

- Annual tuberculin skin testing in accordance with regulatory standards, agency policy, and CDC Guidelines.
- Initial Evaluations:
(Two-step intradermal PPD (Mantoux) method is recommended by CDC.)
 1. Intermediate Care Facilities for the Mentally Retarded (ICFs/MR):
 - a. Two-step intradermal (Mantoux) method is required by regulation.
 - b. Recommended 30 days prior to admission and required no later than 30 days after admission.
 2. Community Residential Care Facility (CRCF):
Residents shall have at least the first step within the period for completion of the admission physical exam within 30 days prior to admission.
 3. Community Training Homes (CTH I and CTH II) and Supervised Living Programs (SLP):
Within 1 year prior to admission.

Vision – See Ocular Health